PSYCHIATRY
SHRINKING FROM THE TRUTH

If psychiatry is not based on scientific method and has such a poor track record in curing mental illness, why does the profession enjoy such high status?

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Something goes wrong with your life: you lose your job, your marriage breaks up or your lover leaves you. Perhaps a well-intentioned friend or relative suggests that you consult either a psychiatrist or a psychologist in order to get some help. The idea seems to make sense, because at the moment you are not feeling very happy. Think again! The advice may not be so good.

"Psychiatry" is defined as "the specialised branch of medicine which deals with the diagnosis, treatment and prevention of mental disorders".[1] "Psychology" is defined as "science of nature, functions and phenomena of the mind, characteristics".[2] Psychiatry and psychology are related disciplines, with psychology forming the theoretical, non-medical basis of psychiatry. Most of us believe that psychiatry and psychology are sciences, in the same way that, for example, chemistry or physics are sciences.

According to press reports, Tasmania's Port Arthur massacre gunman Martin Bryant was assessed by four psychiatrists. These consultations yielded four separate diagnoses: one said he was a paranoid schizophrenic, another said he was a psychopath, another diagnosed Asperger's syndrome, and a fourth disagreed with the other opinions but apparently declined to give a specific diagnostic label other than to say that Bryant did not have Asperger's syndrome. Suppose I gave four samples of the same substance to four experts in the field of analytical chemistry, and the first decided that the substance was copper sulphate, the second decided that the substance was hydrogen cyanide, the third decided that the substance was sodium chloride, and the fourth decided that the substance was xenontetrafluoride. How seriously would we take chemistry's claim to being scientific? We would dismiss chemistry as pseudo-science and relegate it to the same intellectual dustbin as astrology.

One wonders why psychiatrists still lay claim to being scientific, when it is obvious that they do not employ scientific method. Clearly, there is a dearth of objectivity in psychiatry, since the diagnosis you get depends on whom you ask. Unfortunately, the evidence points to both disciplines, psychiatry and psychology, as being no more scientific than astrology or numerology, yet, even so, both continue to enjoy high status.

Researching psychiatry in Australia is no easy task. For example, there do not appear to be any specific statistics kept on such matters as the number of suicides in the profession each year. On the whole, there is a dearth of locally based statistical data, so the research on which one must rely is primarily American. This lack of local data need not concern us unduly, since the principles on which the profession relies are the same in both Australia and the USA.

The general public always seems prepared to accept unquestioningly any theory that suggests we are all dysfunctional and in need of some form of psychotherapy. Indeed, this is the view advanced by certain psychotherapists. How logical is this view? Suppose that we are all abnormal and in need of psychotherapy. Therefore, by definition, we all suffer from faulty judgement—but then, so too do those who suggest we are *all* in need of psychotherapy. So how do we know they have got it right about the rest of us? This paradox is one of the many logical problems faced by psychiatry and psychology.

Psychiatrist Walter Afield tells how psychiatry tends increasingly to define behaviour as an illness that previously was not viewed as pathological. For example, he tells us of an experience at a recent conference that he attended, "where Russian psychiatrists were talking about [how] in America you talk about treating marital maladjustment reactions and in Russia we just call that bad luck".[3]

One would expect that since psychiatry is a specialist medical qualification,

psychiatrists, being privy to the knowledge of how the mind functions, would be better adjusted than not only other members of the medical profession but also other members of the community. Yet psychiatrists commit suicide twice as often as other members of the medical profession.[4] During the period of their residency, psychiatrists commit suicide at nearly nine times the rate of the general population.[5]

A joint study, done by the American Medical Association and the American Psychiatric Association in 1987 on physician suicide, found that psychiatrists had the highest suicide rate; that 94% of the psychiatrists who committed suicide did so in order to escape mental pain[6] (which is, of course, the one thing that psychiatry claims it is able to alleviate); and that 56% of those who committed suicide did so under the influence of self-prescribed psychoactive drugs.[7] At the time of their death, 42% had been consulting a mental health professional.[8]

One survey revealed that 91% of psychiatrists agreed that members of their profession had "emotional difficulties that are special to them and their work, as contrasted with non-psychiatrists".[9] Research into Alcoholics Anonymous (AA) showed that while psychiatrists constituted only 8% of the medical profession, they represented 17% of AA members.[10] In short, psychiatrists were disproportionately represented.

Drug abuse is another problem area, with one survey of 500 practising psychiatrists, reported in the *New England Journal of Medicine* in 1988, revealing that psychiatrists have much higher rates of psychoactive drugs use, the usage rate being 83%, with 48% of those drugs being prescribed for self-treatment. Marital breakdown rates were also similarly disturbing, with psychiatrists leading any other branch of the medical profession in marital problems (sexual difficulties included). Psychiatrists were more likely to have marriages of shorter duration and were most likely to have problems due to extramarital affairs.[10]

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PSYCHIATRIC TREATMENT

The exalted status of psychiatry is disingenuous when you consider that psychiatrists, by their own admission, are incapable of curing the so-called "mental illnesses" that they treat,[11] much less understanding the human mind.

The treatments used by psychiatry are either psychological or somatic. The so-called psychological treatments involve either counselling or psychotherapy, while the somatic treatments involve a more organic or biological approach to the problem, stemming from a materialistic approach that mind is brain. The latter primarily involve drug therapy, electroconvulsive therapy (ECT) or psychosurgery. The somatic treatments are based on the view that our bad feelings are chemically and genetically determined. According to the somatic school of thinking, there is nothing we can do about these feelings.[12]

Electroconvulsive Therapy

Electroconvulsive therapy, or electroshock treatment, was first performed in Italy by a psychiatrist, Dr Ugo Cerletti, in 1938 after he witnessed slaughterhouse operators who used electric shocks to render pigs unconscious prior to slitting their throats. Once Cerletti noticed that the electric shock failed to kill the pigs, he decided to try the treatment on humans.[13]

The treatment was introduced into the USA in 1940 and was used with unrestrained enthusiasm. The literature of that age makes little attempt to hide the fact that psychiatrists were deliberately inducing brain damage or using shock treatment to quieten patients rather than cure them.[14]

In 1942, psychiatrist Dr Abraham Myerson said: "The reduction of intelligence is an important factor in the curative process... The fact is that some of the very best cures that one gets are in those individuals to whom one reduces almost to amentia [feeblemindedness]. It is impossible to conceive of that amentia without an organic base; there must be at least temporally organic changes in the brain, and the cure is related to these organic alterations."[15]

In the early days, shock treatment was administered without anaesthetic and the resulting convulsions were so violent that bones were often broken, so the use of muscle relaxants and anaesthetic became common practice in the 1950s. The resultant therapy was referred to as "modified ECT". The muscle relaxants and anaesthetic did not reduce the effect on the brain and central nervous system. If anything, more current is now needed in order to produce a convulsion.[16] The effect of these modifications is to prevent the body from manifesting the force of the full-blown seizure.[17] However, the modified treatment adds to the risk, which now incorporates the risk of an anaesthetic and muscle relaxant.

Another change in ECT came in the 1950s with the use of "unilateral ECT". ECT is usually bilateral; that is, electrodes are placed on both sides of the head. Unilateral ECT is favoured by some psychiatrists who claim that it causes less memory loss than bilateral ECT. This claim is extraordinary if you consider that proponents of ECT categorically deny that any permanent memory loss results from the treatment.[18] Most psychiatrists favour bilateral ECT, claiming that unilateral ECT requires more shocks to be given and is therefore less effective.[19]

Psychiatrist Dr Lee Coleman had this to say about ECT: "The changes one sees when electroshock is administered are completely consistent with any acute brain injury such as a blow to the head from a hammer. In essence, what happens is that the individual is dazed, confused and disoriented, and therefore cannot appreciate current problems."[20]

Those who defend ECT argue that it is cheap, effective and acts rapidly to improve the patient's condition. One wonders how subjective this evaluation is, concerning the improvement.[21] A 1974 article in *World Medicine* indicates that the effectiveness may merely be supposed by the treating psychiatrist. The article tells how a new ECT machine was installed, which was far more complicated to operate than its predecessor. The machine was used for two years, until one day a nurse remarked that the patients were not convulsing as they were supposed to be. It was subsequently discovered that the ECT machine had in fact never worked! All the patients had been getting for two years had been thiopentone (an anaesthetic) and Scoline (a muscle relaxant), and yet no one had noticed![22]

Those who advocate ECT claim that to ban it would result in a great increase in patient suicide. Astonishingly, those who make this assertion do not have any proof. From 1975 to 1980, the use of ECT declined by 46 per cent. If the assertion that ECT had a

prophylactic effect on suicide were true, there would have been an increase in suicide. In fact, the suicide rate dropped, despite population growth![23] The results of a study done in 1986 cast further doubt on the assertion that ECT prevents suicide. The study involved 1,494 suicidally depressed patients who were divided into two groups, one of whom received ECT ("the treated group") while the other did not receive ECT ("the untreated group"). The suicide rates were virtually identical.[24] If the claim that ECT prevented suicide was correct, then the treated group would have had a lower suicide rate.

Another interesting statistic is that men commit suicide three times more often than women, yet women are given ECT twice as often as men.[25] Yet another interesting contradiction is that patients sometimes suicide after ECT, which of course further debunks the assertion of ECT's prophylactic effect on suicide. In 1980, a study of 90 patients revealed that, of those who committed suicide, 10% of patients had ECT within the previous four months, two patients ended their lives whilst in hospital and seven did so shortly after being discharged.[26]

Bruce Wiseman, in his book *Psychiatry: The Ultimate Betrayal*, points out that a great many physicians and non-physicians alike manage to deal with suicidal patients without ever resorting to ECT.[27] Only a small number of ECT users express pleasure with the process. Others, people such as the patient's family, take a different view. As Wiseman remarks: "[They] see a person walking about in the murk of mental befuddlement, docile and uncertain. These things will be likely not to be noted in his [*sic*] medical chart, as they are normal 'side effects'. What will be noted is that his depression is 'responding' to the treatment."[28]

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A study revealed that 50% of ECT patients claimed memory impairment was the worst side-effect experienced; however, this was only noted in 7% of charts. Psychiatrists who promote ECT regard these "cognitive effects" as irrelevant. The fact that the patient is too confused or disoriented to be depressed seems irrelevant to them.[29] Often, those who promote ECT comment on the elation that follows treatment; such elation is also a common after-effect of brain trauma, such as a blow to the head.[30] Psychiatrists tell patients that ECT will help their depression; however, studies in 1980 and 1984 found that the depression returned after three to six months.[31]

Those who defend ECT take differing views on the side effects: some deny that they exist at all; others deny that they are as severe as stated by the patient; while some, like psychiatrist Frank Guerra, state that "depression is like cancer". As Guerra advised the Denver *Post* in 1990: "It's a potentially fatal illness. Nobody says we shouldn't be treating cancer because of the side effects. Everything in medicine has side effects."[32] Bruce Wiseman queries how so many doctors could miss the obvious. Professor Emeritus of Psychiatry Thomas Szasz notes that psychiatrists don't see the full impact of ECT "...because it would be inconsistent with their efforts to use it as a treatment. People magnify or minimise what suits their interests."[33]

Russian psychiatrists baulked at using ECT for the following reasons: "Until recently, electroconvulsive therapy was used on a fairly wide scale. The method, however, involves gross interference in the bodily functions and entails pinpoint haemorrhages in the brain tissues. Its application, therefore, is restricted to cases where all other methods of treatment have failed. A course of convulsive therapy is followed by a memory loss of the type of retrograde (events prior to the shock) or anterograde (events after the shock) amnesia, which is the clinical manifestation of both the functional and organic changes occurring in the brain due to the electric shock."[34] The quote comes from a Russian textbook on psychiatry, published in 1969.

There was evidence of brain damage and memory loss as far back as the 1950s regarding ECT; however, the Russians, unlike the Americans, did not find this controversial.[35] In fact, the answer of Soviet psychiatrists to the question of whether ECT caused brain damage was an unequivocal "yes". Amazingly, US literature on the subject during the 1940s, 1950s and 1960s also corroborates the Soviet view.[36] It was only in the 1970s that the matter became controversial, and this corresponded to an increase in litigation for medical negligence.[37]

Those who support ECT claim that modern ECT does not cause brain damage and point to the use of oxygen during the process. However, it should be noted that supplying a patient with oxygen during ECT may not prevent permanent brain damage, since the oxygen only prolongs the seizure and the neurones (nerve cells) die when the substances they use for fuel are exhausted. The coma that follows can occur from lack of nutrients, even when an adequate amount of oxygen is present; thus any apparent benefit from supplying oxygen is rendered nugatory by the subsequent brain damage attributable to a lack of nutrients.[38]

Another interesting point to note is that the brain damage that results from increased blood pressure during ECT is not prevented by the use of anaesthetics or muscle relaxants, because it is the brain's enormous demand for oxygen during ECT that causes this brain damage.[39]

Psychiatrist Lee Coleman says of modern ECT: "Since neither the brain nor electricity has changed since the '30s, the result is still the same: brain damage."[40] As concerns the effectiveness of ECT, Coleman states: "The brain, for a while, is so injured (even children know that electricity is dangerous for them and living things) that the patient is too confused to know or remember what is troubling them. Unfortunately, when the brain begins to recover somewhat, the problems usually return since electricity has done nothing to solve them."[41]

Drug Therapy

When a psychiatrist prescribes drugs for a patient, the patient is usually not told about the side effects of the treatment. Often it is not explained to the patient that taking psychotropic drugs is not a cure, any more than getting drunk because one has a problem will solve that problem. Nor is it explained to patients that the drugs they have been given will in many instances cause sexual dysfunction. The following information is an extract from medical literature on psychotropic drugs.[42]

• Side Effects of Major Tranquillisers

Drowsiness, blurred vision, dry mouth, sensitivity to sunlight, agitation, sexual dysfunction, eye damage, tardive dyskinesia

(uncontrollable shaking of the extremities caused by irreversible damage to the nervous system), akathisia (inability to sit still, which can also cause drug-induced psychosis).

• Side Effects of Minor Tranquillisers

Drowsiness, apathy, irritability, failure of muscle coordination, fatigue, depression, indigestion, increased hostility, rage, decreased sexual drive, addiction.

• Side Effects of Antidepressants

Palpitations, fatigue, drowsiness, sexual dysfunction, insomnia, suicidal behaviour, hallucinations, bizarre and aggressive behaviour. Overdose is toxic to heart and treatment is difficult. A particular group of antidepressants, monamine oxidase inhibitors (MAOI), can be fatal if taken with yeast products and can cause liver damage, confusion, tremors, hallucinations, convulsions, skin rashes, agitation and insomnia.

A seldom-mentioned fact of psychiatric drugs is that the side effects are themselves a "mental illness". The names for these illnesses are "neuroleptic-induced parkinsonism" and "neuroleptic malignant syndrome", and the cure for both is more drugs.

In 1985, a Canadian study which researched the effects of psychotropic drugs on prisoners discovered that "violent, aggressive incidents occurred more frequently in inmates on psychotropic medication than when these inmates were not on psychotropic drugs".[43]

• Prozac, the Wonder Drug

Prozac is the world's most popular anti-depressant. The sales of Prozac alone net its manufacturer, the Indianapolis drug company Eli Lilly, US$3 billion, which is approximately one-third of its annual revenue.

In 1990, public interest advocacy groups forced Eli Lilly to admit that in a small number of cases some depressed people will attempt suicide under its influence.[44] Others suggest that the link between Prozac and suicide is more serious. For example, Bonnie Leitsch, of the Prozac Survivors Support Group, testified before a US FDA panel that she had spoken to thousands of people who had what appeared to be Prozac-induced suicidal thoughts and behaviour—i.e., the phenomena manifested themselves only after the patients started taking Prozac, whereas they had not been present before.[45]

Prozac was discovered in 1972 and was first made available in Belgium in 1986. By 1995, the Food and Drug Administration had received notification of 35,230 adverse reactions in the US alone—more than for any other drug in its history.[46] How then, you may ask, is the drug still marketed, especially since the adverse reactions include hallucinations, aggression, hostility, assault, manslaughter and suicide, resulting in 2,394 deaths? Based on the FDA estimate that only 1% of adverse reactions are reported, that means there have been more than three million adverse reactions in the US, of which 25,000 have been deaths.[47]

Recently, when Royal Jelly caused one death from anaphylactic shock, there was an outcry, with calls for the sale of the substance to be banned, yet Prozac has caused 2,394 deaths in America alone and we are told that the substance is safe and, indeed, a wonder drug. How can such a selective form of intellectual myopia come to pass? Certainly, in the USA, the regulatory body that reviews drugs is composed of psychiatrists who, according to consumer groups, either support the prescription of Prozac or, worse, who actually benefit financially from grants from companies such as Eli Lilly.[48] Very clearly, there is a conflict of interests here!

One of the drug's most stringent critics, Dr Peter Breggin, author of *Talking Back to Prozac*, says that Prozac works by creating a sense of detachment which may initially seem to be an improvement over depression; however, the sense of numbness becomes so great that those taking Prozac cease to care about others in their life.

Another critic, Anne Tracey, PhD, Director of the International Coalition of Drug Awareness, says that alarm bells continue to ring about that family of anti-depressants, which includes Prozac and its closely related drugs such as Zoloft, Paxil, Lovan and Luvox.[49]

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ARE PSYCHIATRY AND PSYCHOLOGY EFFECTIVE?

It is often claimed by psychiatrists that they are the only ones who are able to manage or treat schizophrenia. Evidence from World War II calls this notion into question. When a French mental hospital lay in the path of the oncoming German advance, all of the patients were sent home to relatives, with the exception of 153 who were judged to be too ill to leave. The Germans arrived faster than anticipated, so the patients were left to fend for themselves. A commission was formed after the war to determine the fate of those abandoned. Of those traced, 37% of the abandoned, untreated and hopeless patients were found to have adjusted into the community.[51]

A similar study was done with 118 schizophrenics who had been discharged from Vermont State Hospital 20 to 25 years previously. The study showed that through apparently spontaneous recovery, coming in most instances well after treatment, 68% had lost all symptoms of schizophrenia.[52] Psychologist Stanley Peele noted: "The results corroborated similar results from three European studies and another American study over the past decade, indicating that half or more of the schizophrenics eventually recovered or significantly improved."[53]

The implications of these findings are shocking when you consider what psychiatry has to say about schizophrenia.[54] According to DSM-III-R (*Diagnostic and Statistical Manual of Mental Disorders*, Third Edition, Revised): "A return to full premorbid functioning is not common."[55] DSM-III was more adamant: "A complete return to premorbid functioning is unusual—so rare, in fact, that some clinicians would question the original diagnosis."[56] Wiseman comments: "What makes matters sadly worse is that it is standard practice for psychiatrists laboring under this belief to put all schizophrenics on mind-altering drugs and maintain them on it thereafter.[57]

Another study into the effectiveness of psychiatric treatment was conducted by the psychologist Hans J. Eysenck on several thousand mentally disturbed servicemen and women in British hospitals. Those given psychoanalysis showed an overall improvement rate of 44%. Those given other forms of psychotherapy showed a betterment rate of 64%. Those patients who received no therapy at all except for treatment for physical

ailments showed an improvement rate of 72%. Eysenck's study showed a recovery rate in untreated neurotics of 45% within a year of the onset of the condition, and 70% after two years. After five years, 90% had either significantly recovered or were cured altogether.[58]

UNRELIABLE PREDICTIONS

Psychiatrists have entered the legal arena by attempting to predict the future dangerousness of defendants charged with criminal offences. However, there is a low level of reliability when it comes to predictions of dangerousness and conditions for involuntary commitment to institutions.

Lawyer Bruce Ennis, in his book *Mental Patients, Psychiatry and the Law*,[59] cites a well-known study concerning the accuracy of these predictions, of which the results are singularly unimpressive. The study involved 989 people who were deemed to be so dangerous by psychiatrists that it was recommended they be incarcerated in maximum security institutions. There was then a US Supreme Court decision which led to the people being incarcerated instead in normal, non-maximum-security institutions. A review of the patients 12 months later revealed that one-fifth had been discharged and over half had agreed to remain as voluntary patients. During the 12 months of incarceration, only seven of the 989 patients had either committed or threatened to commit any violent acts[60]—which means that the probability of a psychiatrist being wrong in stating that someone is dangerous is a staggering 99.29 per cent!

The most common cause for involuntary commission to a psychiatric institution is that a person constitutes a danger to either themselves or others. In some jurisdictions, the danger that one may constitute to oneself may merely be a danger to one's own reputation. Ultimately, however, the person who will assess the potential dangerousness of the person is a psychiatrist. By their own admission, psychiatrists concede that they have a poor track record in this area. It is staggering that a society will allow the deprivation of liberty on the say-so of a group with such a low level of accuracy.

A study reported in *American Psychologist* in 1978 revealed some alarming evidence to substantiate the claim that psychiatry and psychology may simply be nothing more than fraud. In 1939, a study was done with a view to reducing juvenile crime. More than 600 individuals between the ages of five and 13 were randomly divided into two groups. The first group was given psychiatric counselling and the other group was given no treatment at all. The therapists reported that two-thirds of those who received treatment had "substantially benefited". More than 35 years later, 80% of the original group were located and a follow-up study done. The results showed that the treated group compared very unfavourably with the untreated group. People in the treated group were more likely to have committed more than one serious crime than those in the control group and, when evaluated for alcoholism, mental illness, stress-related diseases and job satisfaction, the treated group consistently fared worse than the control group. The program seemed not only to have failed in preventing violent crime, but also to have produced negative side-effects. The failure to prevent violent crime has been corroborated by other studies.[61]

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In a television interview, the author of the study, Joan McCord, when asked if she was able to explain the results, postulated that those who receive therapy come to see themselves as being in need of help and therefore become dependent and thus do not develop the coping skills of others.[62]

THE MANUFACTURE OF MENTAL ILLNESS

Mental illness is presently classified and diagnosed according to the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV). It is interesting to note that in 1840 there was only one classification of mental problems, and that was "idiocy/insanity".[63] Four decades after the formation of the American Psychiatric Association (APA), the number of categories had risen to seven, namely "mania", "melancholia", "monomania" (irrationality on one subject), "paresis" (syphilitic brain condition), "dementia", "dipsomania" (alcoholism) and "epilepsy".[64]

Wiseman observes that the psychiatric profession followed the practice of changing the definition of illness. Prior to the advent of the American Psychiatric Association, "illness" meant an observable derangement of the body: infection, a cancerous organ, inflamed lungs. Psychiatrists initiated the practice of declaring illnesses that they assumed were there, instead of naming the behaviour that they observed. Thus the view grew up that the patient must be sick because he/she behaved irrationally. So they declared conduct to be symptoms and concluded that they must be caused by an illness.[65]

Wiseman comments that psychiatry has spent the past century trying to justify its position.[66] However, no brain lesions have been found, nor have any mutant nerve connections; nor has any genetic proof come forward, even with the advent of modern technology. In an attempt to justify its position, psychiatry often advances pseudo-scientific explanations, such as "depression is due to a chemical imbalance in the brain". The hypothesis is completely untestable, because there is no way that brain chemicals can be measured in a living person without either killing them or injuring them, in order either to verify or falsify this hypothesis. Never mind; at least it sounds impressive!

In 1933, psychiatrists organised the first standard manual for categorising mental illness. The manual was called the *Standard Classified Nomenclature of Disease*. It was in 1952 that the first *Diagnostic and Statistical Manual of Mental Disorders* was published by the APA. The number of mental disorders had now grown to 112.[67] In 1968, a revised edition, DSM-II, was brought out; it contained 163 mental disorders.[68] Commentary in the manual reveals that the disorders were established by a committee who voted as to whether the disorders existed.[69] DSM-III was published in 1980 and a further 61 new disorders had been added, thus the new total of mental disorders was 224.[70] In 1987, the manual was revised again, and the total number of mental disorders was now increased to 253 by DSM-III-R.[71] DSM-IV was released in 1994 and the number of mental disorders had now grown to 374.[72]

Psychiatrist Al Parides, after observing the way disorders were voted in or out of existence depending on the prevailing views of

the day, remarked that the manual was not a scientific manual at all but a masterpiece of political manoeuvring. He commented that they had turned the problems of everyday life into psychiatric ones.[73]

L. J. Davis made the following pithy comment in an article in *Harper's* magazine:[74] "According to the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (popularly known as the DSM-IV), human life is a form of mental illness."[75] The DSM-IV has pathologised nearly every aspect of human behaviour, and, of course, each "abnormality" is accompanied by the appropriate billing code.

Paula Caplan, a psychologist who was on the DSM-III-R committee, made the observations that the main players in the compilation of the manual ignored the sheer mass of scientific research and were also indifferent to the harm done to patients due to the handbook's categories. Ms Caplan found it difficult to reconcile these motives with the alleged altruism.[76]

"According to the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition...human life is a form of mental illness."

Al Parides states: "What they have done is medicalize many problems that don't have biological causes."[77]

Wiseman makes the observation that the "illnesses" are manufactured.[78] *Webster's Dictionary* defines "fiction" as "anything made up or imagined". Wiseman asserts that it is psychiatric practice to make up mental illness. He gives an example of this in relation to Attention Deficit Disorder (ADD/ADHD). He says it is true that psychiatry does not make up the behaviour; however, when psychiatrists group bundles of behaviour and emotions together and assign names to that behaviour, then that is a created entity. It is also a created reality, says Wiseman, because it did not exist before.

It has always been true that some children and adults are more active than others or their attention tends to wander because of a short attention span. Until the 20th century, parents and teachers simply dealt with these children as a fact of life. Parents noticed that children, like adults, learn to change their behaviour over time.[79] Psychiatrists, however, deemed that there was something wrong with these children. There was some vague, unexplained defect in their brains, and they identified some conduct and claimed that any child who demonstrates this conduct is suffering from ADD. Wiseman makes the observation that, once again, this is a created reality.[80]

There is no evidence that the brains of these children are any different from the brains of other children. The parents and the child thought that the child was normal until they walked into the psychiatrist's office. When they walk out, they think the child is abnormal. Wiseman comments: "...reality did not change. The child is still the same."[81] What has changed is their perception of the child; whereas they once saw a normal child, they now see a disordered one who has special needs. As a normal child, that child would have been tolerated and in all likelihood would have grown up to be normal, had little been made of the situation; but now the child will be treated differently by the parents, teachers and other children, and indeed the child will now come to view himself or herself as different from others. The child will now be on medication for years and will be treated as limited by the condition.[82] The only difference in the two situations is the created reality of Attention Deficit Disorder. Indeed, there is no evidence that such a disease actually exists.[83]

ALTERNATIVES TO PSYCHIATRY

Measures such as transcendental meditation (TM) have been shown to offer great benefit in both the treatment and prevention of disease. TM's results have been documented in numerous published studies conducted in over 100 research institutes—yet the profession still clings to outdated methods.

In one study on Vietnam veterans seeking treatment at a Vietnam Veterans' Outreach Program, veterans were assigned randomly to either the TM program or psychotherapy (whatever type the therapist used—behaviour therapy, existential, cognitive,

Endnotes

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somatic or psychodynamic). Veterans who learned the TM technique improved significantly on psychological and social measures, including reduced anxiety, depression, insomnia and alcohol abuse, whereas the participants in psychotherapy did not improve. The TM participants also exhibited a more rapid physiological recovery from stressful stimuli in forms of habituation of the skin resistance response.[84]

In another study, conducted over a 12-month period, maximum-security prisoners practising TM were compared to prisoners undergoing four other treatment modalities including psychological counselling, a drug abuse treatment program and 21 personal development programs. The TM group improved significantly on measures of self-development and reduced pathological symptoms, whereas none of the four other treatment groups changed significantly when compared to controls. Over a three-and-a-half-year period, the recidivism rate (that is, re-offending and returning to prison) was significantly lower in the TM group than in the other four groups.[85]

CONCLUSION

If you do exhibit unusual behaviour or have been diagnosed as "mentally ill", then you should be very careful to note that the discipline that has so pronounced you is not a science, nor can it produce a cure for your condition. The best it can offer is years or possibly a life on psychotropic drugs which have dreadful side-effects, or it can give you brain damage in the name of bringing about temporary relief to your depression. You have nothing to lose by trying treatments such as transcendental meditation or Maharishi Ayurveda; at least if they don't cure you, they won't kill you. Further, psychiatry and drug therapy are self-perpetuating.

A word of caution should also be sounded in relation to the non-drug therapies. The so-called "talking" therapies are no more effective or scientifically based than drug therapy or ECT. As we have seen in the study conducted by McCord, such therapies can actually, and in fact do, have counterproductive results. Further, the study done where an actor was hired and spoke from a script designed to portray a normal man, and where the overwhelming majority of mental health experts found pathology in the man's behaviour where none existed, suggests that those engaged in that profession presume that pathology exists even in the absence of supporting evidence.

Then, there is the further evidence of the DSM, where the number of mental illnesses increases with every edition and all manner of behaviour once accepted as normal (for example, snoring) is now described as mental illness. This further suggests that psychiatry is a discipline which is simply drumming up business for itself. This should lead to people questioning the bona fides of psychiatry.

Most disturbing of all is the knowledge that you or I could lose our human rights, based on the say-so of a profession with almost no scientific foundation!

Most disturbing of all is the knowledge that psychiatry is rarely correct in predicting dangerous behaviour, and yet you or I could lose our human rights, based on the say-so of a profession with almost no scientific foundation!

It appears that both psychiatry and psychology are indeed shrinking from the truth.

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Rochelle Macredie holds degrees in Arts, Science and Law and used to practise criminal law within the New South Wales public sector. She advocates Transcendental Meditation—not psychotherapy—as a speedy and beneficial way to overcome the problems and stresses of life.

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